



Mission: To create community

Vision: The "place to be" for exceptional experiences

Core Values: Innovation, Sustainability, Inclusion, and Exceptional Services

Activity Registration Form

- Provide 2 different phone numbers.
- Sign your registration form
- Checks/Money Orders make payable to Warrenville Park District.
- Provide your credit card no.

Date: _____

Receipt No. _____

Primary Household Contact:

Last, First _____

Address _____

City _____ Zip _____

Phone (cell) _____ (wk.) _____

Emergency Name & Phone: _____ E-mail: _____

OFFICE USE ONLY INITIAL & DATE
Received by: _____
Processed by: _____

Form of Payment: Cash Check Ck Number: _____

Visa MC Discover Insert Credit Card Number Below

Charge Amount: \$ _____ Exp dt. _____

Cardholder Name _____ Authorized Signature: _____

Participants Name First and Last	Birthdate Mo/Day/Year	Grade	Program Code	Program Name	Fee
Total					

If required, please indicate below important household/family member comments instructors should be aware of: i.e., food allergies, insects, plants, medicine, etc.)?

Yes No Details: _____

The Park District makes reasonable accommodations in recreation programs to enable persons with disabilities to participate. Please specify below any adaptive equipment, personnel, or other accommodations you need to participate.

(over)



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Activity Registration Form (cont.)

WAIVER AND RELEASE Please read this form carefully and be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk waiving and releasing all claims for injuries you or your children might sustain arising out of these programs. As a participant in these Warrenville Park District programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the programs against the Warrenville Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Warrenville Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages and losses which I may have or which may occur to me on account of participation in these programs. I further agree to indemnify and hold harmless and defend the Warrenville Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of these programs. In the event of an emergency, I authorize the Warrenville Park District officials to secure from any licensed hospital, physician and/or medical personnel, any treatment deemed necessary for any immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that my child/ward or I may be photographed or videotaped while participating in a Warrenville Park District Program or special event. I give my permission for photos and videotapes of my child or myself to be used to promote the Warrenville Park District through brochures, flyers and social media. Such photos and videotapes will remain the property of Warrenville Park District.

The Warrenville Park District does not carry medical or accident insurance for program participants. Please review your own health insurance to be certain that you and your family have adequate coverage.

Parent/Guardian, Adult Participant Signature

Parent/Guardian, Adult Participant (please print)